

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4969USw

First Names Inventor:
Joelle L. BURGESS

Complete if known:
App No.:

Filing Date

Group Art Unit:

(x) Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 15 October 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/32625 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/418,915	10/16/2002	
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

John LEMANOWICZ
919-483-8247

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME BURGESS	FIRST GIVEN NAME Joelle	SECOND GIVEN NAME/INITIAL L.
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CALLAHAN	FIRST GIVEN NAME John James	SECOND GIVEN NAME/INITIAL F.
	INVENTOR'S SIGNATURE	Signature <i>James J. Callahan</i>		Date: <i>13 - April - 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HAMAJIMA	FIRST GIVEN NAME Toshihiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME IDA	FIRST GIVEN NAME Satoru	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Keita	STATE OR FOREIGN COUNTRY NE	COUNTRY OF CITIZENSHIP JP
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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME MORI	FIRST GIVEN NAME Ichiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
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2	FULL NAME OF INVENTOR	FAMILY NAME BURGESS	FIRST GIVEN NAME Joelle	SECOND GIVEN NAME/INITIAL L.
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CALLAHAN	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL F.
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HAMAJIMA	FIRST GIVEN NAME Toshihiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X <i>Toshihiro Hamajima</i>		Date X <i>April 16, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME IDA	FIRST GIVEN NAME Satoru	SECOND GIVEN NAME/INITIAL
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2	FULL NAME OF INVENTOR	FAMILY NAME MORI	FIRST GIVEN NAME Ichiro	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X <i>Ichiro Mori</i>		Date: X <i>April 18, 2004</i>
5	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X <i>Jun Tang</i>		Date: X <i>April 19, 2004</i>
6	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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	INVENTOR'S SIGNATURE	Signature		Date
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3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME IDA	FIRST GIVEN NAME Satoru	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>Satoru Ida</i>		Date: <i>December 8, 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY Keita	STATE OR FOREIGN COUNTRY NE	COUNTRY OF CITIZENSHIP JP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME MORI	FIRST GIVEN NAME Ichiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
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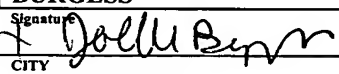
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BURGESS	FIRST GIVEN NAME Joelle	SECOND GIVEN NAME/INITIAL L.
	INVENTOR'S SIGNATURE			Date: 4/14/04
	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CALLAHAN	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL F.
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	INVENTOR'S SIGNATURE	Signature		Date
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	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US